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ABSTRACT

The nature of the processes involved in the phenomena of psychological change and self-development as related to the concept of self-help and mutual aid are examined in this paper. Awareness, motivation, and self-actualization are seen as part of a fundamental process of growth and development. It is suggested that a parallel to the personal growth movement may be found in the grass roots social philosophy of the self-help movement. Two aspects of the self-help movement are examined in detail: an analysis of the literature on the subject and a discussion of the various functions of mutual help groups. The concept of self-help is seen as an idea relevant to coping with a rapidly changing environment. The paper is organized into four parts. The first part defines awareness and examines paradigms of Eastern and Western cultures. The second part examines motivation and mutual aid as a catalyst. The third part, on self-actualization, discusses social help as self-help, with attention to the relations between professionals and mutual aid groups and the social implications of the movement toward self-help. The fourth part, a conclusion, briefly reviews the paradigm shift that the human services field has been undergoing, using the phrase "paradigms lost and paradigms gained" to sum up the movement away from depersonalized professionalism and toward mutual self-help and group process. A list of 71 references is included. (ABL)

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SELF HELP AS AN ADJUNCT TO PSYCHOTHERAPY: ISSUES OF AWARENESS, MOTIVATION, AND SELF ACTUALIZATION

Thesis towards completion of the
MASTER OF PROFESSIONAL STUDIES DEGREE
In CLINICAL COUNSELING

Hemant K. Desai, MA
May 31, 1991

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ABSTRACT

This paper will try to examine the nature of the processes involved in the phenomena of psychological change and self-development as related to the concept of self-help and mutual aid. Awareness, motivation, and self-actualization are seen as part of a fundamental process of growth and development. A parallel to the personal growth movement may be found in the grass roots social philosophy of the self-help movement.

Two aspects of the self help movement are examined in detail: an analysis of the literature on the subject, and a discussion of the various functions of mutual help groups. The concept of self-help is seen as an idea relevant to coping with a rapidly changing environment.

OBJECTIVE

Three stages that could be seen in any process of change are: awareness, motivation, and self-actualization. Each of these are seen as constituting a paradigm that might explain the role of the method used for facilitating behavioral or attitudinal change. A distinction would need to be made between change that is intrinsically motivated (self-help) and that is externally facilitated via psychotherapy and mutual aid groups.

In this paper a historical survey of the idea of self-help will be made with a comparison of views in the east and the west. An overview of literature on the subject tends to emphasize the positive role that social support networks and the mediating part that lay groups or paraprofessionals can play in mental health service. Collaboration between professionals and self-helpers is also seen as a movement which empowers consumer advocacy and awareness of methods of mental health among the general public.

Note: The terms mutual help group (MHG), self-help group (SHG), and mutual aid group (MAG) are used interchangeably and refer to externally facilitated social support networks while self-help is used to indicate intrinsic processes and change within the individual.

INTRODUCTION

Change is the most fundamental law of life. All matter has intrinsic rates of growth and decay and both time and space are ephemeral concepts whereas constant transformation is the only truth. What then is this easily perceivable but difficult to define process called change and how does it relate to patterns of behavior, thought, and emotion? One author has suggested that there are only two possible mental attitudes: one of growth or the other of being obsolete (Schafer, 1977). William James said nearly the same thing when he divided personalities into two types: the tender minded and the tough minded. Is the answer to the question about personality statics and dynamics so simple? Or, put another way, do we change due to intrinsic factors, or only with external motivation, or because of a unique combination of both? Since this question is raising teleological issues similar to those involved in the perennial debate on the nature v/s nurture question, rather than a discourse on the paradoxical origin of personality, it would suffice to say that any long lasting behavioral or attitudinal change would involve both intrinsic and external factors.

The problem of assessment of personality change and therapeutic outcome is made difficult due to (1) self-reports as data which may not be reliable indicators of change being largely subjective, and (2) the absence of a consensus on what needs to be assessed, i.e. global functioning, quality of relationships, cognition, etc.

In this paper the emphasis will be on the intrapersonal aspect of the mental health self-help movement rather than the community service angle which has been commented on by many writers (Katz & Bender, 1976), (Mowrer, 1979), (Lieberman & Borman, 1979), (Silverman, 1980), (Mowrer, 1984), (Sauber, 1983), (Gartner & Reissman, 1984), (Powell, 1986), (Lieberman, 1990), (Chamberlain, 1990), & (Madara, 1990).

The paradigms used herein to examine the philosophy implicit in the self-help movement have been categorized into three contiguos stages. Rather than dividing a process that is as natural a social and psychological need as nurture is for a child, the abstraction of the change process is for (A) gaining an understanding of the patterns and processes of individual change in a mutual help group setting, and (B) for a comparison of intrinsic and external factors that might induce self-actualization.

Most of the termimology utilized in this paper is used in the commonly understood sense of the words. Awareness is seen as the cognizance of a situation or mental state, motivation refers to the internal component of any effort or volition exercised in achievement of a goal, and self-actualization would imply the tendency of a person to strive towards "becoming all that he or she could" in the Maslowian sense of the phrase.

LITERATURE REVIEW

In ancient times, an oft prescribed remedy for man's problems was self-help. The Greek dictum, "Know thy Self" and the saying "self-help is the best help" exemplify this popular but nebulous advice. The first non-religious reference to self-help in the modern era comes from the title of a book written by Samuel Smiles (1812-1904). This treatise on the virtues of individual effort and achievement is the predesecor to the thousands of titles on various aspects of self-development available today (Katz & Katz, 1985). Smiles' book reflected not only the Protestant ethic of perseverence, hard work and thrift that inspired the pioneers of the New World (Weber, 1958) but subtly reflected the Victorian values of the times. It may be interesting to note that the current flood of paperback books in stores all over the world must reflect a sign of the times and the need for guides to living and personal growth.

The first self-help book of scientific interest came from a European doctor who was a contemporary of Sigmund Freud. Emile Coue was the French writer who emphasized change through imagination rather than volition. Coue, in his book "Self Mastery through Conscious Autosuggestion", developed a technique which formulated the famous line "In every day, in every day, I'm getting better and better". The repetition of this phrase was to be accompanied by visualizing a better state of mind and body.

Coue felt that successful change depended upon making the will subservient to the imaginative faculties of the mind which he felt had superior regenerative powers to our volitional abilities (Coue, 1922). In other words, if we can't imagine ourselves whole again, no matter of effort or technique can mend dis-ease. A more recent parallel to Coue can be found in the work of physician Bernie Siegel in his work with cancer patients. By working on the affective component of the mind and visualizing healing, amazing intrinsic powers of healing have been tapped (Siegel, 1989).

In this country the most famous example of the success provoked by a self-help guide is the Dale Carnegie story. His book, "How to Win Friends and Influence People", first published in 1936, has seen translation into 36 languages and sales of over fifteen million copies and is still considered a classic in the field of human relations and persuasive communication (Carnegie, 1981).

Self-help books have served as an ideal introduction to self-development and psychology for millions of individuals. Seemingly an oasis of resources in the desert of an unsympathetic world, people turn to the testimony of survivors and the advice of experts on various aspects of life in popular paperback self-help books. From focusing on resolving irrational thinking patterns (Burns, 1990) and centering and creative visualization (Siegel, 1989) to reclaiming the wounded inner child (Bradshaw, 1990), there seems to be a practical self-help application for almost every need.

The authors of these books range from physicians, psychologists, and mental health experts, to a wide variety of other professionals like journalists, and artists, and include lay people who have experiences or strategies to share. It is interesting to note that every stage of the life-span process from prenatal care to transcending pain at death is covered by one or more authors. Topics covered included including interpersonal relationships and career success, dealing with crises and disabilities, and making the most of ascribed characteristics.

A note must be made of a few authors who have visualized the need for guidance and training in the formation of mutual help groups and have become reference sources for SHGs (Silverman, 1980), (Hill, 1983), (Mallory, 1984). Prevention has been stressed as an aspect of the SHG movement from its beginnings (Caplan & Killilea, 1976), (Borman et al. 1982),

Specific references to books and articles have been made in the following sections of this paper as they apply to intrinsic and psychotherapeutic change, research on mutual aid groups and charismatic healing groups, prevention services in mental health, the consumer's advocacy movement, professional collaboration, training of paraprofessionals, and a comparison of schools of thought on the subject of self-help.

PART ONE.

AWARENESS: CONSCIOUSNESS AND CHANGE

Consciousness is a subjectively complex idea which may be understood at a basic level as awareness. Awareness is a form of experience that may be defined most easily as being in touch with one's own existence. Awareness is sensory, cognitive, and affective. Awareness is accompanied by owning, that is, the process of knowing one's control over, choice of, and the responsibility of, for own's own behavior and feelings. The act of awareness is always here and now though the content may be distant.

Full awareness is the process of being in vigilant contact with the events in the individual or environmental field with complete sensorimotor, emotional, cognitive, and energetic support. We are conscious of something that is within the limits of not only our perception but also our readily available memory.

With the above definitions of awareness, the degree of intrapersonal contact may be classified. A person who verbally acknowledges his situation but does not really know it, or react to it, see it, or feel in response to it, is not fully aware and is not in full contact with his self. The person who is aware, on the other hand, knows what he does, that he has alternatives, and that he chooses to be as he is.

Regarding mental health, awareness may be the single most important factor in determining change and development. We can only change what we are aware of. The paradigm of awareness is well established in the school of thought that originated with the Gestalt school of psychology in Europe and continued through the work of Fritz Perls, Rolf and Will Schutz and others.

In reference to a social context, the concept of a collective consciousness could be discerned as the amount of awareness we have about the group we are in. In a T-group situation this would be directly related to the amount of self-disclosure by group members. The level of appropriate self-disclosure has been the single most important factor which might determine mental health. To put it in another way, could people become psychologically ill because they did not honestly disclose themselves to another person? (Jourard, 1971).

From a psychodynamic viewpoint this might be a condition caused by the repression of consciously unnacceptable thoughts of sexuality, aggression, guilt and the like which could be catharsized by the 'talking cure' of psychoanalysis. From a cognitive perspective it might imply distrust of people and/or situations inhibiting communication. Behaviorally it might suggest interaction in a manner that induces only positive feedback or reinforcement, and existentially it would seem that the person was not being true to his or her 'real self'.

AWARENESS: PARADIGMS, EAST AND WEST

The study of mental phenomenon has had different approaches historically. A European school of mentalism can be distinguished, characterized by the work of Freud, Jung, Wertheimer, and Coue in contrast with the pragmatic American school of Skinner, Watson, Cooley, and more recently Bandura, Ellis, Glasser, and Burns. Classical Freudian theory visualized an instinct driven person seeking objects for the pleasure that could be derived from them. Restraint or self-control may lead to repression or sublimation which might only be a temporary respite for the libidinal drives.

Behavioral psychology was more empirically oriented and saw reward or reinforcement as the motive for human behavior and the cost/benefit ratio as the evaluation of any action. This view fails to explain intrinsic gratification or altrustic motivation and sees pathology as faulty learning. Thus if the virtue of helping is it's own reward, there may be few takers except those who have felt the pinch of helplessness themselves -- the leaders of self-help mutual aid groups.

In comparison with the western viewpoints, the oriental perspective has relied on a metapsychological viewpoint. The western question of doubt may be summed up in the famous question that Shakespeare's Hamlet asks, "to be, or not to be?", while the eastern existential crisis could be phrased as "am I, or am I not?".

Whether the study of the human condition can be truly objective has been debated for centuries and the rise of the self-help movement may indeed be in response to the objectified view of man in the social sciences. One writer has called this the dissipation of the myth of value-free behavioral science (Levy, 1984).

The dominant thread in western thought has been of the individual ability to control the environment as opposed to the medieval idea of self-control. One writer has commented on the American social ethos and personality, identifying in it the conflict between traditional values and social mores, and the idea of individual profit at any cost (Reiber, 1989). The growth of natural science as a whole has witnessed a paradigm shift with physicists like Fritjof Capra and writers like Gary Zukav turning to eastern metaphysics to describe the almost unexplicable nature of matter.

Not only quantum mechanics but even the helping professions have been inspired by eastern thought (Dass & Gorman, 1985). The last few decades have seen a tremendous growth and interest in the writings and wisdom of the east and a zen approach to psychotherapy has gained ground among some clinicians through writers like Sheldon Kopp and Alan Watts. The choice of zen may be no coincidence given the paradoxical nature of the human condition and psychotherapy wherein one person's (the client's) subjective world is understood, and perhaps transformed, through another person's (the therapist's) objectification of it.

From the angle of the human sciences, there has been a definite interest in other esoteric eastern traditions of knowledge such as tai-chi, accupressure, yoga, and their modern counterparts: autogenic training and biofeedback. The concept of individual volition and self-help is exemplified in the ancient Indian science of Yoga. This psychophysiological method of self discovery and change may be approached at different levels of complexity and purpose. At its simplest level it is a series of exercises aimed at physical health and longevity, and at it's loftiest it is a metaphysical technique of reuniting man and matter through mental effort. In the occident an interest has been aroused in hinduism which has lead to the import of many 'god-men' of varying quality. The most original and precise formulation of the Vedantic philosophy, that yoga is the vehicle of, has been Swami Vivekananda (Rolland, 1950) though the writer easiest to assimilate is Parahamsa Yogananda who actually lived in the west for over thirty years from 1920-1952.

The principle behind yoga is fairly simple. By controlling the breath (the manifestation of life energy in man) one can master emotional states. Though this practice does not assume any subscription to theism, a monistic spirituality is easily discerned by a sincere adherent (Yogananda, 1948). Awareness of one's breathing patterns begins a series of steps to expand one's breadth of outlook. Knowledge that mental states can be controlled would lead to conscious control of cognition and conation.

One of the best known anecdotes from the east is of the Indian prince who sat under the Boddhi tree in Gaya and meditated for eight years in search of the answer to the four questions that have always plagued humanity: Where does Life come from? How do we age? Why is there sickness? and, What is death? Finally the revelation came through the transformation of Siddartha's own mind and from then on he is refered to as The Buddha, or, the enlightened one. This parable may serve as a guiding light for prospective authors of self-help books, the answers may already be there, we just have to know how to search for them.

The Third Force or humanistic school in psychology emphasized the value of seeing man as a be-ing striving for self-development rather than a biological machine responding only to inner urges or external reinforcements. The closest comparison to the above in western psychological thought has been the work of Jung, Rogers, Maslow, May, Frankl, and Fromm embodying the idea that human potentialities are reached only when basic physiological and emotional needs are fulfilled (Maslow, 1968) and awareness of one's own cultural influence and personality is realized and transcended.

The idea of self-help though based on ancient principles has found a new purpose as a vehicle of social reform due the immense epoch making changes brought about by environmental, technological, and sociocultural factors. Perhaps a gradual evolution of man's abilities is shaping a synthesis of knowledge past and present.

SELF DEVELOPMENT AS A CONTINUUM

If personality growth is indeed a dynamic life long process, then this development may be the *sine qua non* of our species. Mutual help groups can and have been formed for dealing with every stage of life from the prenatal to those dealing with bereavement. Day care for infants and pre-schoolers, single parents, drug usage, those facing mid-life crises, and geriatric problems are situations that have established support groups. Also SHGs could fulfill the social needs of isolated or insular lifestyles and therapeutically disenfranchised populations.

The stresses and crises that accompany rites of passage in ages past relied on traditional community support but are now increasingly oriented toward professional referral and/or a self-help mode of coping. Counseling at the mature stages of life has taken on importance with changing demographic and social issues and the importance of an ideology to deal with death and dying (Doka, 1990). The AIDS epidemic and the increasing geriatric population are both altering our perspective on the last stages of life.

The breakup of the traditional family, the culture lag caused by unprecedented technological advancement, increased geographical mobility, and the concomitant distancing of man from his fellow being are being seen as contributing to dysfunctions within the sociocultural fabric (Desai, 1991).

PART TWO: MOTIVATION

THE CONCEPT OF SELF-HELP

The term self-help can be seen as used in two distinct dimensions. One, the use of the term for individual development or change without reference to external aids or agencies, solely through the use of 'will power' or the individual's internal mechanisms and resources. Secondly, the term has most often been found used to denote the variety of literature and techniques available for change and development including the social support provided by mutual aid groups.

The term self help group is almost a contradiction in terms as the primary function of these associations are for social support and a network outside the individual. Therefore in this paper, *self-help will be used to denote the processes within the individual and mutual aid as those existing without.*

Though the usefulness of self-help and MAGs is not in question, the reasons for their efficacy have been. Any explanation of why social support networks and MAGs fulfill a social need would have to consider the various roles that grass roots social movements have taken: (1) self-care groups for those suffering from physical & mental illness and coping with crises, (2) reform groups dealing with compulsive behaviors; and (3) advocacy groups & social change movements. (Mutual Help Groups, 1989)

MUTUAL HELP, ADVOCACY GROUPS AND SOCIAL MOVEMENTS

Self help groups have been described as the "countless small, aggressive, non-profit groups created in recent years by persons who are distressed by a variety of problems" (Sauber, 1983). The evolution of these mutual support grouos through various 'problems of life' may be seen as a functional process of meeting specialized needs of the modern world in face of the declining importance of the conventional mediating structures that stood as buffers between the individual and social institutions. Toch puts it well, "self-help as a group process is a social movement to collectively promote individual change" (Toch, 1965).

Alcoholics Anonymous (AA) is the best known and first successful large scale mental health network and has been written about extensively (Galanter, 1989). The twelve step program that is the basic philosophy of AA has been the framework many other MAGs follow for establishing behavioral and ideological guidelines. If we compare lifestyles and ideologies within radical groups and social movements, AA is a charismatic group which uses the leader's experiential insight to establish a transcedent mission and set down rituals for maintaining norms of group behavior. Practices which helped the founders maintain sobriety were codified into the twelve steps towards recovery and the twelve guiding principles of the organization. A spiritual orientation has been the hallmark of AA's operation which uses prayer and affirmations to achieve change.

Originally started in 1935 by Bill W. who found that meetings with a sect called the Oxford Group, had helped his commitment to sobriety. Bill saw his life transformed through a revelatory experience and with his friend Dr. Bob, established the principles in a booklet called Alcoholics Anonymous and established the group as a tightly knit and cohesive unit with a strongly felt shared belief and experiences of altered consciousness which subsequently became the allegiance to a higher power which members ascribe their faith and motivation to. The founders of AA acknowledged their unpublicised debt to Carl Jung in a letter to the Swiss psychologist which stated, "this astonishing chain of events actually started long ago in your consulting room, and it was directly founded upon your own humility and deep perception" (Wilson, 1968, p.19).

The rapid growth of the movement and individual success stories of ex-alcoholics who joined AA groups helped to create an effective though controversial model of treatment for compulsive and addictive behavior. It also produced offshoot groups such as Synanon, Recovery, and GROW, based indirectly on AA principles and a host of twelve step groups based directly on AA teachings (Al-Anon, Alateen, Narcotics Anonymous, etc.) ranging from drug dependence to gambling and obesity. Critics point out that AA functions on sectarian dogma opposed to occasional or social drinking for a ex-addict. The belief, "once an alcoholic, always an alcoholic" has however maintained a high rate of recovery.

12 step groups have usually not encouraged individual initiative in the road to recovery perhaps because in controlling addictive behavior a temporary transference of responsiblity to the group is needed to establish sobriety. The Alcoholics Anonymous model also has been called the disease model as it preaches total abstinence as the only road to recovery and that has been seen as one of its major shortcomings. One writer has felt that the 'tolerated psychological unhealthiness' serves to consolidate abstinence first and suggests that psychotherapists learn to collaborate with this regimen (Machell, 1989).

It was not only charismatic healing groups which led the way to establishing self-help as a way of improving the quality of life but certain motivated individual efforts which contributed to social reform regarding mental health services. Clifford Beers was diagnosed as a psychotic but survived the mental health institutions in the early part of this century. His self motivated recovery is chronicled in his remarkable book "The mind that found itself" (Beers, 1944). Some of the interest generated by Beers' testimony and the crusades of social workers such as Dorothea Dix (Tiffany, 1971) led to reform of the pitiable conditions that inmates of mental asylums faced. In the fifties and sixties, the U.S. government created a series of legislations which set up a formal system of Community Mental Health Centers(CMHC) (Mosher & Burti, 1989). SHGs were also recognized as a potent force to mobilize support for prevention and treatment.

The next two decades in this country saw a movement towards deinstitutionalization of the mentally ill which led to various side effects such as, homelessness, mental patient advocacy movements and the formation of the National Alliance for the Mentally Ill (NAMI).

This recent phenomenon has been a collective movement of mental health system consumers. Started by concerned psychiatric outpatients, the members are conscious of their consumer status and also of their vital role in rehabilitating institutionalized inmates. Some are nationally affiliated while others are regionally based. One such successful group of the latter category in the Long Island, N.Y. area is Hands Across Long Island (Attitudes, 1991). One dimension that has been noticed by experts in the field has been the possible anti-professional stance of advocacy groups. The mental health consumer advocacy movement emphasizes (1) self-help techniques in recovery rather than more conventional medical treatment or institutionalization, and (2) the citizenship rights of persons committed to institutional care (Chamberlain, 1990).

Perhaps a reason that many professionals seem to be wary about collaboration with MHGs might be the anti-institutional stand that some advocacy groups seem to take. This anti-psychiatry backlash may be result of social events like deinstitutionalization, the formation of NAMI, and the empowerment felt by ex-patients who participated in SHGs which they did not receive from professionals.

PART THREE: SELF-ACTUALIZATION -- SOCIAL HELP AS SELF-HELP

MUTUAL AID GROUPS, PROFESSIONALS, & PSYCHOTHERAPY

Psychotherapy has been seen as a remedy for mental illness though the use of mental health techniques or counseling for personal growth and development have taken root in the last three decades. While seeking therapy is no longer seen as a symptom of mental disorder, the length and cost of treatment and "the personal ideology of the therapist" factor may make the process of choosing an appropriate counselor difficult. If therapy is defined as a method of facilitating change and development (Desai, 1992), we could detect stages of the therapeutic process. These stages may be common to personality and behavioral change whether the means used is external (therapist and MAG) or internal (self-help) though a distinction may be made between first order and second order change (Watzlawick, et al. 1990). This would also depend upon the type of treatment (short-term v/s long-term) and the type of therapy (psychoanalytical v/s behavior modification) chosen.

The obvious benefits of recovery and rehabilitation that SHGs offer has been noted in the field of mental health (Schure, Slotnick, & Jeger, 1982), (Gartner & Reissman, 1984). Many professionals acknowledge the importance of the MHG movement as a resource not fully tapped (Jacobs & Goodman, 1989). The literature suggests that both a societal and a professional need to collaborate may be why there has been a confluence of ideas (Mowrer, 1984).

Thre have been a number of studies of the relationship between professionals and mutual help groups and as O.Hobart Mowrer points out most have been done by soociologists rather than clinical psychologists and by journalists rather than psychiatrists (Mowrer, 1984. p.145) though there many examples of extensive studies of mutual help groups by physicans (Bean, 1975), (Deutsch, 1980), (Silverman, 1980), (Galanter, 1988). A study found that mental health professional tend to see themselves in an indirect esternal roles (consultant, speaker, advisory board member) rather than active participation (facilitator, group leader, therapist, etc.) (Gleason & Shore. 1988), (Stewart, 1990). Another report showed the different perspectives about SHGs that exist within professional and occupational categories. The study found that psycholgists were less likely to recommend SHGs as anadjunct to psychotherapy than social workers were (Gleason & Shore, 1987).

Issues that confront both professionals and the mutual help group movement are the nature of possible collaborations, and the development of a framework for evaluating group helping systems (Lieberman, 1990). A key to succesful ventures would be the possible utilization of support networks that already exist. The training of paraprofessional mental health workers is another area that has provoked interest. A recent article cites five critical skills for mental health counselors: (1) an orientation to brief targeted psychotherapy, (2) familiarity with mental health and substance abuse disorders, (3) experience in working in crisis

situations, (4) an understanding of health care systems, and (5) familiarity with self-help groups (Bistline, Sheridan & Winegar, 1991).

There have been studies conducted to measure member satisfaction within SHGs, (Kurtz, 1990), though assessment of self-help efficacy has had the same methodological problems that psychotherapy outcome research has faced. The reasons for this are that research has not been forthcoming and that it only in the recent past that systematic controlled studies have been attempted. One scholar is of the opinion that research on the subject of MHGs is made complex by the fact that these groups cannot be seen as seperate from the mental health system or the social system that they are a part of (Levy, 1984).

It is acknowledged that a helping relationship works both ways, in the sense that the helping function itself is therapeutic. This is what Frank Riessman termed the "helper principle" in 1965 to explain the fact that those who help are helped the most. This concept has been seen as the clue to why self-help mutual-aid groups are effective for all concerned. Also since most members of MAGs have themselves at some time been helped, their level of empathy and concern may be higher than a paid "professional" psychotherapist. Social support networks help people regain a sense of their uniquely human qualities through mobilizing resources in the community. Self-help clearinghouses which act as

referral sources to direct individuals to groups and vice-versa have proven a valuable resource in this regard.

Skovholt (1974, p.62), describes the four important effects of the helper-therapy principle as follows: "(1) the effective helper often feels an increased level of competence as a result of making an impact on another's life; (2) the effective helper often feels a sense of equality in giving and taking between himself or herself and others; (3) the effective helper is often the recipient of valuable personalized learning acquired while working with a helpee; and (4) the effective helper often receives social approval from the people he or she helps".

Cross cultural approaches to the study of attitudes about self help have yielded interesting information (Weber & Cohen, 1983). A sociological phenomenon not restricted to the western world is the loosening bond of the traditional family system. Combined with the forces of industrial change, and with increasing social anomie in an 'information age', MHGs were an inevitable social movement and are now seen as playing an important role in mental health (Gartner & Reissman, 1979).

Apart from the prescriptive and proscriptive behavioral effects of the MHGs and the tremendous relief and refuge that members found in the fact that they were not alone, professionals experimented with forming groups that explored consciousness raising and personal

growth and development (Mowrer, 1972). Thus a growth in the self-help movement was seen in the formation of associations for behavioral control [Shoppers Anonymous], stress coping and support groups [Al-Anon, Parents without Partners], to survival oriented groups [Glad to be Gay, Black Panthers], and groups for self-actualization [Integrity Groups, T-Groups] (Levy, 1979).

Other reasons why mutual help groups are effective are that these groups facilitate sharing and self-disclosure, empathy, behavioral proscription, mutual affirmation, morale building and goal setting, discrimination training, consensual validation, and catharsis (Levy, 1979). Many members of such mutual aid groups when questioned about what it was that made them feel like joining the group said it was the overwhelming feeling 'that they were not alone'.

MAG's have been accused of fostering dependence on the group instead of personal freedom and of feeding into the sickness syndrome or the illness model. A.A., by and large, is a self-sustaining 'outpatient' type of organization and has been able to maintain an overall autonomy in the face of cooptation (Mowrer, 1984. p. 140).

SOCIAL IMPLICATIONS OF THE SELF-HELP MOVEMENT

John Gardner uses the term 'do-it-yourself jailbirds' to describe the stultifying condition of the human ego in mass society. Self-help could be seen as the do-it-yourself method of obtaining personal freedom from a modern mechanistically oriented social system (Gardner, 1975). The tremendous growth of the Self-Help movement, which includes books, audio and video tapes, and even courses and workshops on the subject, has had a significant impact on the field of mental health services. Contrary to some academicians who dismiss this phenomenon as some sort of 'pop psychology', many writers have taken the issue seriously (Silverman, 1980), (Gartner & Reissman, 1984).

The support that mutual aid groups offer in helping individuals cope with situational crises, deal with emotional or physical handicaps, or combat compulsive behaviors has been well documented (Gartner & Reissman, 1977). Self-help social support networks are very useful in recovery and rehabilitation and many counselors recommend twelve step type mutual aid groups as an adjunct to the formal psycho-therapeutic process. As examples, the emphasis of the individual recovering control over his or her life, the solidarity that may be found by sharing one's life situation and the potentiality of a crisis being turned into an opportunity for change.

The concept of mental illness being a defect of mind or body has been steadily giving way to the notion of a tremendously demanding society exacting more than some people can give which creates problems of living for some. The humanistic psychologists have emphasized that man seeks meaning in life above all else (Frankl, 1963) and the existential vacuum prevalent in the contemporary world tends to create an atmosphere of mutual distrust between individuals, groups and nations. Social scientists have for years written about the concept of anomie or normlessness and a lack of subjective meaning for the individual in a society undergoing rapid changes (Durkheim, 1938; Merton, 1957). After four centuries of technological progress, the factors which catalyzed these remarkable changes might even imperil the future of the individual (May, 1960). The large scale systemic changes in the post-industrial age have contributed in some manner to a gradual standardization of behavior and expectation. Nowhere is this more apparent than in the field of mental health and academic psychology (Reiber, 1989). An article on the subject of helplessness, isolation and loneliness said, "Alienation is one of the foremost problems of our age....alienation was found not to be a unitary phenomenon. However, it carries a negative affect, designated as the 'alienation syndrome'" (Kureshi & Dutt, 1980).

CONCLUSION

The idea of self-help is not new. In the East it has been systematically been explored for hundreds if not thousands of years. Psychotherapy and mutual aid groups however are typically western institutions of comparitively recent origin. As processes and procedures of personality change they have something in common. America, (has been seen as embodying the spirit of self-help epitomised in the rugged individual winning over the wild western frontier) has been the center of much economic growth, technological progress, and social change. It has also been seen as a culture which compartmentalizes the self-concept (Forisha, 1985) and creates a dichotomous value system (Reiber, 1989).

A review of popular self-help literature, though exhibiting diversity at the surface and subject level, does have a unifying undercurrent or philosophy. An exhaustive criticism of this viewpoint termed 'selfism' appears in a book by psychologist Paul Vitz (Vitz, 1977).

Sociologically speaking, global changes have led to the emergence of new institutions in a post-industrial era. This epoch if it is to be known as the information age would subsume an educated laity and an informed consumer in all spheres of life. The right to know would be relevant in the area of mental health and this movement shows a trend toward dissemination of information and knowledge.

A need has been felt for a paradigm shift in the area of human services as the structure of some of these services are overly bureaucratized, depersonalized, and consist of professional who are cynical and ineffective providing surface level interventions (patch-ups rather than solutions) and stressing models of pathology which the client may be made to conform to (Gartner & Reissman, 1984). The preventive aspect of mental health has been felt to have a reciprocal relationship with the SHG concept (Madara, 1990).

In conclusion, the idea of self-help and the group process in which may be applied may contain the key to revitalize the mental health services. Seeing the natural and rapid growth of mutual aid groups and the burgeoning literature on the subject of self-help, one cannot ignore the social and psychological implications of the philosophy. It is a movement and idea whose time has come.

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